



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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| | | | |
|---|----------------------|------------------------|-----------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/981,754-Conf. #6107 | |
| | Filing Date | October 19, 2001 | |
| | First Named Inventor | Reinhold Schmieding | |
| | Art Unit | 3713 | |
| | Examiner Name | K. M. Christman | |
| Total Number of Pages in This Submission | 1 | Attorney Docket Number | A8130.0012/P012 |

| ENCLOSURES (Check all that apply) | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| <div>Remarks</div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Stephen A. Soffen |
| Signature | |
| Date | March 15, 2004 |

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AF \$ 3713

PTO/SB/17 (10-03)
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| FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small> | | Complete if Known | | |
|--|--|---|------------------------|-----------------|
| | | Application Number | 09/981,754-Conf. #6107 | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | October 19, 2001 | |
| | | First Named Inventor | Reinhold Schmieding | |
| | | Examiner Name | K. M. Christman | |
| TOTAL AMOUNT OF PAYMENT (\$) | | 220.00 | Attorney Docket No. | A8130.0012/P012 |
| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | | |
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEES | | |
| Deposit Account: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP | | Large Entity Small Entity | | |
| The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid | | |
| 1. BASIC FILING FEE | | 1051 130 2051 65 Surcharge - late filing fee or oath | | |
| Large Entity Small Entity | | 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet. | | |
| Fee Code Fee (\$) | Fee Code Fee (\$) | 1053 130 1053 130 Non-English specification | | |
| 1001 770 2001 385 | Utility filing fee | 1812 2,520 1812 2,520 For filing a request for <i>ex parte</i> reexamination. | | |
| 1002 340 2002 170 | Design filing fee | 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action | | |
| 1003 530 2003 265 | Plant filing fee | 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action | | |
| 1004 770 2004 385 | Reissue filing fee | 1251 110 2251 55 Extension for reply within first month | | |
| 1005 160 2005 80 | Provisional filing fee | 1252 420 2252 210 Extension for reply within second month | | |
| SUBTOTAL (1) (\$) 0.00 | | 1253 950 2253 475 Extension for reply within third month | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | 1254 1,480 2254 740 Extension for reply within fourth month | | |
| Total Claims ** = | | 1255 2,010 2255 1,005 Extension for reply within fifth month | | |
| Independent Claims ** = | | 1401 330 2401 165 Notice of Appeal | | |
| Multiple Dependent | | 1402 330 2402 165 Filing a brief in support of an appeal | | |
| Large Entity Small Entity | | 1403 290 2403 145 Request for oral hearing | | |
| Fee Code Fee (\$) | Fee Code Fee (\$) | 1451 1,510 1451 1,510 Petition to institute a public use proceeding | | |
| 1202 18 2202 9 | Claims in excess of 20 | 1452 110 2452 55 Petition to revive - unavoidable | | |
| 1201 86 2201 43 | Independent claims in excess of 3 | 1453 1,330 2453 665 Petition to revive - unintentional | | |
| 1203 290 2203 145 | Multiple dependent claim, if not paid | 1501 1,330 2501 665 Utility issue fee (or reissue) | | |
| 1204 86 2204 43 | ** Reissue independent claims over original patent | 1502 480 2502 240 Design issue fee | | |
| 1205 18 2205 9 | ** Reissue claims in excess of 20 and over original patent | 1503 640 2503 320 Plant issue fee | | |
| SUBTOTAL (2) (\$) 0.00 | | 1460 130 1460 130 Petitions to the Commissioner | | |
| **or number previously paid, if greater, For Reissues, see above | | 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) | | |
| SUBMITTED BY | | Other fee (specify) | | |
| Name (Print/Type) | Stephen A. Soffen | *Reduced by Basic Filing Fee Paid | | |
| Registration No. (Attorney/Agent) | 31,063 | SUBTOTAL (3) (\$) 220.00 | | |
| Signature | | Telephone (202) 828-4879 | | |
| | | Date March 15, 2004 | | |